



35324

*Veterans Health Administration*  
**Employee Education System**  
**PROGRAM EVALUATION &  
POST - ASSESSMENT**

**ACTIVITY TITLE:** EPILEPSY AND DEPRESSION

**COURSE NUMBER:** 13.MA.ST.PCS.EPILPAT2.A

Program Contact HEATHER HOLSHOUSER, SEAN GAMBLE

Contact Email HEATHER.HOLSHOUSER@VA.GOV, SEAN.GAMBLE@VA.GOV

Contact Phone 314-894-6648

**THIS PROGRAM EVALUATION INCLUDES A POST-ASSESSMENT.**

**POST-ASSESSMENT INSTRUCTIONS**

1. All Post-Assessment answers must be completed in the answer blocks on the "PROGRAM EVALUATION & POST-ASSESSMENT ANSWERS" page (Page 2) to be graded.
2. A passing grade must be obtained, as defined in the Program Brochure, in order to receive a certificate. If a passing grade is not obtained, notification will be sent, to the email address provided on the "PROGRAM EVALUATION & POST-ASSESSMENT ANSWERS" page (Page 2), with further instructions.
3. Please refer any questions or concerns, specific to the Post-Assessment, to the Program Contact listed above.

**SUBMISSION INSTRUCTIONS**

1. Complete this registration and evaluation form within two weeks of completing the activity.
2. **Fax:** (205) 731-1826 - No cover page needed, or  
**Mail:** Employee Education Resource Center, ATTN: EPC, 950 North 22nd Street, Suite 500, Birmingham, AL 35203.
3. Please allow several business days for receipt of certificate if evaluation is faxed, additional transit time if mailed.
4. For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are available:

EPC by email at **ESEPC@va.gov**, or the

EES Customer Service by phone at **1.877.EES.1331** option 5 **(1.877.337.1331)**.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107).  
**PRINCIPAL PURPOSE(S):** To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities.

**ROUTINE USES:** The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.

**MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION:** Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.



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## OCCUPATIONAL CATEGORY

- EMPLOYER CATEGORY

- Date Viewed**

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Activity must be approved for the certificate type in order for such a certificate to be issued.

- EMAIL ADDRESS (REQUIRED: Certificates will be sent via E-mail):

[illegible][illegible][illegible][illegible]

If a Post-Test is required, questions will begin on the next page; however, answers **must be** recorded in the answer blocks below to be graded. If there are no Post-Test Questions, disregard this section.

- |    |   |   |   |   |   |    |   |   |   |   |   |    |   |   |   |   |   |    |   |   |   |   |   |
|----|---|---|---|---|---|----|---|---|---|---|---|----|---|---|---|---|---|----|---|---|---|---|---|
| 1  | A | B | C | D | E | 11 | A | B | C | D | E | 21 | A | B | C | D | E | 31 | A | B | C | D | E |
| 2  | A | B | C | D | E | 12 | A | B | C | D | E | 22 | A | B | C | D | E | 32 | A | B | C | D | E |
| 3  | A | B | C | D | E | 13 | A | B | C | D | E | 23 | A | B | C | D | E | 33 | A | B | C | D | E |
| 4  | A | B | C | D | E | 14 | A | B | C | D | E | 24 | A | B | C | D | E | 34 | A | B | C | D | E |
| 5  | A | B | C | D | E | 15 | A | B | C | D | E | 25 | A | B | C | D | E | 35 | A | B | C | D | E |
| 6  | A | B | C | D | E | 16 | A | B | C | D | E | 26 | A | B | C | D | E | 36 | A | B | C | D | E |
| 7  | A | B | C | D | E | 17 | A | B | C | D | E | 27 | A | B | C | D | E | 37 | A | B | C | D | E |
| 8  | A | B | C | D | E | 18 | A | B | C | D | E | 28 | A | B | C | D | E | 38 | A | B | C | D | E |
| 9  | A | B | C | D | E | 19 | A | B | C | D | E | 29 | A | B | C | D | E | 39 | A | B | C | D | E |
| 10 | A | B | C | D | E | 20 | A | B | C | D | E | 30 | A | B | C | D | E | 40 | A | B | C | D | E |



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## PROGRAM EVALUATION

COURSE NUMBER: 13.MA.ST.PCS.EPILPAT2.A

PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
Overall, I was satisfied with this learning activity.	1	2	3	4	5	NA
The learning activities and/or materials were effective in helping me learn the content.	1	2	3	4	5	NA
I learned new knowledge and skills from this learning activity.	1	2	3	4	5	NA
The scope of the learning activity was appropriate to my professional needs.	1	2	3	4	5	NA
The content of the learning activity was current.	1	2	3	4	5	NA
Was the content presented in a manner that was fair and balanced?	Yes No NA					
If no, please explain:						
If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
I will be able to apply the knowledge and skills learned to improve my job performance.	1	2	3	4	5	NA
If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	1	2	3	4	5	NA
The appropriate technology was utilized to facilitate my learning.	1	2	3	4	5	NA
The training environment (face to face, video conference, web based training) was effective for my learning.	1	2	3	4	5	NA
I found that the technology in this learning activity was easy to use.	1	2	3	4	5	NA
Overall, I was satisfied with the use of technology in this learning activity.	1	2	3	4	5	NA
The technology in this learning activity was responsive and provided access to further support.	1	2	3	4	5	NA
What about this learning activity was <b>most useful</b> to you?						
What about this learning activity was <b>least useful</b> to you?						

Thank you for your helpful feedback.



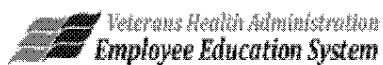
Veterans Health Administration  
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**COURSE NUMBER:** 13.MA.ST.PCS.EPILPAT2.A





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## FACULTY EVALUATION

COURSE NUMBER: 13.MA.ST.PCS.EPILPAT2.A

PLEASE CIRCLE THE APPROPRIATE RESPONSE

CORRESPONDING WITH EACH QUESTION BELOW:

Gilbert Woo / Epilepsy and Depression	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

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